

**GRANT PAYMENT REQUEST**

CIWMB 87 (rev. 04/17/2001)

**SEE INSTRUCTIONS ON BACK**

1. GRANTEE'S NAME (AS APPEARS ON GRANT AGREEMENT)	2. GRANTEE'S INVOICE NUMBER	3. GRANT NUMBER ASSIGNED BY CIWMB
4. TYPE OF PAYMENT (Attach itemization and documentation) <input type="checkbox"/> REIMBURSEMENT <input type="checkbox"/> ADVANCE <input type="checkbox"/> FINAL	5. PAYMENT REQUEST NUMBER	6. AMOUNT REQUESTED \$
7. SEND WARRANT TO: AGENCY / BUSINESS NAME		
AGENCY / BUSINESS CONTACT		
AGENCY / BUSINESS MAILING ADDRESS (INCLUDE STREET, CITY, STATE, ZIP CODE)		

**CERTIFICATION**

8. I certify that the above information is correct and that all funds received have been or will be expended in accordance with the approved agreement for California Integrated Waste Management Board grant funding.

SIGNATURE OF PERSON AUTHORIZED BY RESOLUTION

DATE SIGNED

NAME OF PERSON SIGNING AND TITLE (TYPE OR PRINT)

**TO BE COMPLETED BY CIWMB STAFF ONLY**

9. AMOUNT OF PAYMENT REQUESTED	\$
10. LESS WITHHOLD (IF APPLICABLE AND AUTHORIZED IN GRANT AGREEMENT)	\$
11. OTHER	\$
	\$
	\$
12. AMOUNT AUTHORIZED FOR PAYMENT	\$
13. COMMENTS	14. DATE RECEIVED
15. CIWMB PROJECT MANAGER APPROVAL	DATE APPROVED
16. CIWMB GRANT PROGRAM MANAGER APPROVAL	DATE APPROVED

## INSTRUCTIONS FOR COMPLETING FORM

1. **GRANTEE'S NAME:** Agency or business name as it appears on the grant agreement.
2. **GRANTEE'S INVOICE NUMBER:** Number assigned to payment request form by the Grantee (optional).
3. **GRANT NUMBER ASSIGNED BY CIWMB:** Grant contract number assigned by the CIWMB as it appears on the top right hand corner of the grant agreement.
4. **TYPE OF PAYMENT:** Check "reimbursement" if this is a regular payment request; check "advance" only if advance payment request is accompanied by a letter justifying the request (the advance payment request must be approved by the CIWMB Program Manager); check "final" when all tasks have been completed.
5. **PAYMENT REQUEST NUMBER:** Begin with the number 1 on your first request for funds and number all subsequent requests consecutively.
6. **AMOUNT REQUESTED:** Amount that is being requested for payment.
7. **SEND WARRANT TO:** Agency or business name as it appears on the grant agreement. Subsequent lines are for the contact person's name and mailing address for the warrant.
8. **CERTIFICATION:** Signature of the person authorized in the Resolution/Letter of Authorization included with the grantee's application. Please also type or print this person's name, title and date of signature.

**Please mail this form with supporting documents (if applicable) to:**

**California Integrated Waste Management Board**

**Attention: (CIWMB Project Manager)**

**1001 "I" Street, P.O. Box 4025**

**Sacramento CA 95812-4025**

***The following items will be completed by CIWMB staff:***

9. **AMOUNT OF PAYMENT REQUESTED:** Amount of this payment request.
10. **LESS WITHHOLD:** Withhold amount authorized in the grant agreement. The CIWMB Project Manager will calculate any withhold based on the amount of the payment.
11. **OTHER:** Miscellaneous additions or deductions as determined by the CIWMB Project Manager.
12. **AMOUNT AUTHORIZED FOR PAYMENT:** Amount authorized by the CIWMB Project Manager for reimbursement on this payment request.
13. **COMMENTS:** CIWMB Project Manager's explanation of the miscellaneous additions or deductions of this payment request, as well as other comments related to this payment request.
14. **DATE RECEIVED:** Date payment request received by the CIWMB.
15. **CIWMB PROJECT MANAGER APPROVAL:** Signature and date of the CIWMB Project Manager's approval of this payment request.
16. **CIWMB GRANT PROGRAM MANAGER APPROVAL:** Signature and date of the CIWMB Grant Program Manager's approval of this payment request.

